



Mail

Hospital staff do not know how much drugs cost

To the Editors,

The major portion of a hospital budget is spent on medicines. With drugs becoming increasingly expensive, it is important to have a rational policy for using essential drugs.^{1,2} The goal of cost containment cannot be achieved if it is not supported by staff awareness. Recent articles have highlighted the poor awareness of hospital staff about the cost of drugs.³

A survey was conducted at Ispat General Hospital, Rourkela, in Central India, a referral hospital attached to the steel industry. The hospital has 101 doctors and 224 nurses. We asked 29 nurses and 42 doctors who were attending a departmental meeting to participate in our survey on cost awareness.⁴ Staff associated with stores or the purchasing committee were excluded. Staff were provided with a questionnaire that asked the cost of 15 common hospital items, such as ranitidine, diclofenac, intravenous infusions, disposable items such as urinary catheters, and tests such as an ultrasound examination of the abdomen.

Cost predictions within 20% of the correct price were considered acceptable. Predictions beyond that were considered incorrect and classified as either an overestimate or an underestimate. In this survey, 41% of the responses were incorrect—24.3% were overestimates and 16.7% were underestimates. Of the physicians' responses, 25.1% were overestimates and 20% were underestimates. Of the nurses' responses, 23.2% were overestimates and 11.9% were underestimates.

The doctors had a greater awareness of the price of common medicines, such as antihypertensive drugs, antacids, antibiotics, and analgesics. But their perception of the costs of investigations, bed charges, or disposable items was poor. The nurses had a clear idea about the charges related to different investigations and procedures such as radiographs, biopsy tests, and intravenous fluids.

The doctors could predict better than the nurses the prices of antacids (50% vs 24.2%) and antihypertensive drugs (45.5% vs 17.3%). The nurses had a better awareness of the cost of dextrose infusions (75.9% vs 40.5%), plasma expanders (58% vs 21%), and urinary catheters (62.1% vs 31%).

Both underestimates and overestimates affect healthcare services. If the price is underestimated, then the chance of waste will be more. When the charges are overestimated, use may be compromised at times. Both miscalculations are detrimental to good clinical practice and health budgeting.

In a recent study from Sierra Leone,⁵ it was observed that doctors tended to prescribe more proprietary brand names than the generic names. Doctors are well informed about the proprietary brand names through distribution of free samples and brochures and through the organization of seminars by the manufacturers. Thus doctors tend to prescribe brand name medications rather than generic drugs.

Doctors need more accurate information than that given to them by medical representatives. Without education, cost containment cannot hope to be successful.

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References

- 1 Hogerzeil HV, Bimo, Ross-Degnan D, et al. Field tests for rational drug use in twelve developing countries. *Lancet* 1993 Dec 4;342:1408-1410.
- 2 Chaudhury RR, Bapna JS. Essential drugs and lower costs. *World Health Forum* 1997;18:345-347.
- 3 Wickings I, Coles JM, Flux R, Howard L. Review of the clinical budgeting and costing experiments. *BMJ* 1973;286:575-578.
- 4 Mishra SK, Mohanty S, Satpathy SK, Patnaik RB. Staff awareness of cost of drugs. *Indian J Occup Environ Med* 1998;4:224-225.
- 5 Palmer L, Lisk D. Who prescribe better—doctors or dispensers? *World Health Forum* 1997;18: 352-354.